



International Women's Club of Hamburg e.V
Postfach 130164, 20101 Hamburg
www.iwchh.com

MEMBERSHIP APPLICATION FORM

First Name _____ Family Name _____

Birthdate (DD/MM/YY) _____ Nationality/Country of Birth _____

Address _____ City _____ Zip Code _____

Area (e.g. Altona) _____ Email _____

Telephone no. _____ Mobile no. _____

Languages Spoken _____

Please tell us something about yourself below (e.g. countries lived in, job, interest, etc):

What interests or activities could you share with / offer to the Club?

Would you be willing to host a cultural activity about your country? **YES / NO**

How did you find out about IWC Hamburg ? (e.g. IWC website, friend, consulate, etc.)

I would like to apply for a membership in the IWC Hamburg and hereby agree that IWC Hamburg, in accordance with the General Data Protection Regulation (GDPR) 2018, may use my photographs taken at IWC events in their newsletter and their website.

SIGNED _____ DATE _____

** Please submit this application with **a photocopy of your passport** to the above address or scan it and send it by email to: membership.iwchh@gmail.com

Approved for IWC by:

President _____ Secretary _____

Date _____ Remarks _____

BANK: Postbank, Hamburg
IBAN: DE36 2001 0020 0771 8662 06
BIC: PBNKDEFFXXX